

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 17.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE success of irregular practitioners in getting upon the National Board of Health, and on one or two of the northern boards, has inspired them with courage to raid the Health Board of Kentucky. A petition has been sent to Governor Blackburn, signed by a number of gentlemen and ladies—who, we must believe, were very ignorantly employed—asking that a homeopathic doctor (who, by the way, is not a resident of the state) be made a member of the State Board of Health.

We rather imagine our friends are following a very "cold trail," and that the doctor governor, who of course knows about all this sort of thing, will just as likely give recognition to the eclectics, steam-doctors, baunscheidists, clairvoyants, or to that eminent pathologist, the Indian doctor, who in his paint and feathers makes such a successful raid just now upon disease in Louisville. There are just as many people who believe in one fraud as in the others, and there is not a particle of difference in favor of any of them in regard to respectability. If any of the outsiders are to be taken, we would be decidedly in favor of the "Big-Injun," whose presence at the sanitary councils of the state would give an unique, not to say an aboriginal flavor.

The homeopathic dodge has few followers in Kentucky, and these are chiefly confined to this city, where the signers of the health-board petition were all found.

The law, by the way, does not require that the Health Board should be formed exclusively of doctors; and we trust that if a va-

cancy should occur at any time in the present admirable organization, the Governor will fill it with a layman. We have always been in favor of a mixed board of this sort, and experience has shown in the Massachusetts board that some of the most efficient sanitary work has been done by non-medical members.

THE change of name of this journal from the LOUISVILLE MEDICAL NEWS to the MEDICAL AGE has not so far met with approval from its friends. A number of our contemporaries are decidedly against the innovation, and express their disapprobation in such strong terms as to make us blush at their concern. We feel especially grateful to the New York Medical Record, the Western Lancet, and the Detroit Lancet for their very complimentary and friendly notices. To many friends, also, who have advised us by word or letter we are under many obligations. As we live entirely for our friends, we shall try to do nothing to displease them; and as it has been very charmingly intimated to us that "a great artiste never changes her name," we shall no doubt with the new year take the feminine privilege of changing our mind and sticking to our name.

THERE is a rumor that the publication committee of the State Medical Society is about to issue the McDowell memorial volume, containing the oration of Prof. Gross, and speeches, letters, etc., on the occasion of dedicating the McDowell monument.

THIS is No. 200 of the NEWS.

Correspondence.

THE MEMPHIS DOCTORS.

The following extracts from a letter addressed to a medical friend of ours* will no doubt prove interesting to our readers. The writer is a distinguished female philanthropist of Memphis, Tenn., the heroine of three violent epidemics of yellow fever in that city:

My dear Doctor:

The more I come in contact with this dread disease (yellow fever) the more thoroughly convinced I am that it need not be so fatal with proper care and nursing. I have not seen a single death this year that I could not trace either to a mistake in the treatment or the nursing. It certainly excites my indignation to the fighting-point to see the slurs cast upon the noblest profession in the world in reference to their so-called "failure" in the management of yellow fever, and more especially when they sneer at the want of progress upon the part of our Memphis medical men, who are, according to my estimation, the noblest band of philanthropists the world ever saw. I have been through our three most virulent epidemics, a worker in the midst of workers. I have watched these men and know them. In 1873 we had no Howard physicians, no security for expenses to be paid (ten dollars per day to each), and but few volunteers in the cause of relief. This noble band of doctors, many of whom had never seen a case of yellow fever before, stood shoulder to shoulder to one another in behalf of the afflicted, going every where when sent for, without one question as to remuneration, many of them offering their services without money and without price. Day and night they went upon their errands of mercy, so pressed with duty to the sick as often not to take time to eat. In fact, a rule of mine was to have, wherever I was sitting up, a pot of strong coffee ready for any doctor who might come in to drink of it, for they were all like brothers to me. Frequently at two and three o'clock in the morning would they come in, and, on condition of being awakened in an hour, fall asleep, awake at the time appointed, drink a cup of coffee, and be gone.

These same men (what were left of them, for many of them paid the price of duty with the forfeit of their precious lives) came

to the front in 1878, doing and daring for dear life's sake, and yet writers in their mountain fastnesses hint at the pitiful sum of ten dollars per day as the inducement for the performance of such noble work.

Again, in 1879, are the men of whom we write called to breast the tempest of disease and death. In our present poverty there is but small means to pay either nurse or doctor; and still this band of veterans in the cause of god-like charity are as unflinching as ever, going, day in and day out, to the rich and the poor alike. In the present epidemic there are mostly poor people to be ministered to. I have seen just as anxious consultations held by two physicians over the condition of a day-laborer as over that of the richest of our merchants.

I wish that those who doubt the nobility of our physicians could be with me and see them stand by some sufferer lying speechless and blind, and unable to swallow, and hear the tender entreaty to give nourishing enema to the last; or note the expression of joy at the resumption of the natural flow from the kidneys after suppression for ten or twelve hours. If one wishes to realize the force of the expression "While there is life there is hope," let him follow a first-class Memphis nurse and one of our Memphis doctors. If they wish to witness an exemplification of patience which would put old Job to the blush, let them watch this same class around the bed of the sick, and note how every whim of the patient is gratified when it is harmless, and every feeling and manifestation of the afflicted, however childish, is patiently borne with, and the sick one tenderly guarded and handled up to the very gates of death, or break into the cheerful precincts of healthful convalescence. One almost invariable injunction to the nurse is to humor all of the little innocent whims, adroitly piloting your charge between the Scylla and Charybdis of danger to the haven of safety. Many a man drifts through yellow fever under the impression that he is having a slight but persistent attack of remittent or malarial fever. The name of his disease is kept from him. He is not frightened to death by the knowledge that he is suffering from the prevalent epidemic. Many a poor fellow suffers for hours with black vomit in utter ignorance of the fact, the blood being caught in a towel and at once thrown away. Let those who think these things easy to do only come and try their hands at the business; then they will know the difficulties of the situation for themselves. With every nerve

* Dr. J. W. Singleton, Paducah, Ky.

of their being unstrung from ceaseless vigils, eyes, feet, and hands aching from fatigue, and they will tell a different story. Often we part with a doctor at midnight who has been on constant duty since 6 A.M., and at daybreak following we are astonished to find him at the bedside of the sick. What a terrible ordeal it must be for even healthy flesh and blood, when day after day and week after week they must endure the same solemn round of inexorable labor in behalf of their fellow-men!

I would that I had the eloquence of an orator, that I might be able to do these Memphis doctors justice with their professional brethren every where.

Of their ability to successfully treat the prevailing epidemic I have this to say: There is but one condition which they are not able to manage, and that is in suppression after twenty-four hours' duration. In 1873 we simply waited for the yellow fever to run its course, unless the tinct. veratrum viride or aconite were used for their therapeutical effects, doing what we could to prevent the black vomit. If this serious complication presented itself, we had at command only iced champagne or some other simple remedy. In 1879 a physician comes to a yellow-fever patient with a high temperature, and says to the nurse on taking his departure, "*Reduce that temperature to 103°, and keep it down;*" an arbitrary order surely, and yet it is done, either by constant sponging or else by packing. In an hour and a half I have frequently reduced a temperature of 106° to 103°. I have this year seen several cases recover who had the vomito for thirty-six hours. In fact, the epidemic of 1879 is remarkable for the number of violent and desperate cases that have recovered; owing, I think, to proper medical treatment and to proper nursing.

HALLIE.

MEMPHIS, TENN., October 4, 1879.

WAS THE CHILD BORN PREMATURE OR AT FULL TERM?

To the Editors of the Louisville Medical News:

This question was asked me by an attorney, to be answered for a jury's edification. My answer was that the child was born premature.

Upon what evidence do you found such a judgment?

My answer was as follows:

1. From the small size of the child—four to five pounds.

2. The nails were poorly developed, and there was but little or no hair on the head.

3. The fontanelles and sutures were uncommonly large, indicating an imperfect development of the cranial bones.

4. The dark or cyanosed color of child.

5. The presence of the membrana pupillaris, which, according to Cazeaux, Playfair, Churchill, and others, disappears in the latter part of the seventh or during the eighth month.

6. The unusual amount of vernix caseosa, which is said by Mad. Bowin to be more abundant on premature children, and nearly always absent when parturition is delayed.

This latter statement is according to my observation, indicating that it begins to be absorbed as gestation is completed or overruns its allotted time.

7. The presentation, which was a *breech*. Naegelé contends that preternatural presentations are more frequent in premature labors than when gestation has been completed.

No one of the above signs would be pathognomonic, but, taken as a whole, afford evidence, I think, sufficient to substantiate me in my diagnosis.

This was in a case of bastardy before the circuit court, and I had delivered the girl who brought the suit. The above were simply the facts in the case, as I observed them at the birth of the child. Her evidence (the history of the case) of course could not be taken into consideration by me in forming my judgment of the child's prematurity. It is rather difficult to explain to the laity the difference between a seven- or eight-months' child and one born at full term; and it is sometimes not easy, especially without the history of the case, for the accoucheur himself to determine. The reasons given above seemed to satisfy the jury that the child was born "before its time," as the case turned upon that point, and the verdict was in the girl's favor.

A. G. HOBBS, M. D.

INDIANA.

ENCOURAGING QUACKERY.—We know that physicians in large practice have recourse to patent medicines, and in place of ordering or writing out a long prescription they save time and encourage the patent-medicine trade by advising the use of such and such an article.—*Med. Press and Circular*.

[Can this be true? Are our British brethren so bad, so loose, so shameless? No reputable American physician ever prescribes a patent medicine. (Hardly ever.) The Code forbids it.]

Reviews.

Photographic Illustrations of Skin Diseases.

With forty-eight colored plates taken from life. Complete in twelve parts. By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases; etc. Price per Part, \$2. New York: E. B. Treat, No. 805 Broadway, publisher.

Dr. Fox's work deserves the heartiest encouragement from the profession at large, as well as from technical dermatologists. His descriptions are equally remarkable for conciseness and clearness, and his colored photographs are singularly and charmingly accurate. Every general practitioner should possess Dr. Fox's work. Except in the larger cities there is no sufficient field for the specialty of dermatology, and the country and village practitioner must rely upon himself and his library in the management of his skin diseases. With Dr. Fox's atlas, and bearing in mind the vital and not generally recognized fact that skin diseases are seldom merely local affections, but are usually local manifestations of systemic disorder, the intelligent general practitioner is quite competent to their management. Four parts are now published, including

Part I: Comedo; Acne Vulgaris; Lepra Tuberosa; Elephantiasis.

Part II: Keloid; Rosacea; Psoriasis Nummulata; Ichthyosis Simplex.

Part III: Fibroma Pendulum; Varicella; Zoster Pectoralis; Zoster Lumbalis; Eczema Universale.

Part IV: Leucoderma; Chromophytosis; Favus Capitis; Favus Corporis; Eczema Cruris.

Clinical Medicine: A Systematic Treatise on the Diagnosis and Treatment of Diseases.

Designed for the use of Students and Practitioners of Medicine. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College, Fellow of New York Academy of Medicine, etc. Philadelphia: Henry C. Lea. 1879.

We consider this the best book on clinical medicine ever published. It should be in the hands of every student, and no teacher or practitioner's library is complete without it. To enumerate all its excellencies would be to repeat the entire book.

PROF. WHITTAKER says of Prof. Graham, who died recently in Cincinnati, that had he written as well as he spoke his death would have been a national loss.

Books and Pamphlets.

PROCEEDINGS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, at the Third Annual Meeting, held at the Park Avenue Hotel, New York, August 26, 27, and 28, 1879. Reported by James N. Hyde, Chicago. Reprint from the Chicago Medical Journal and Examiner for October, 1879.

INDEX MEDICUS: A MONTHLY CLASSIFIED RECORD OF THE CURRENT MEDICAL LITERATURE OF THE WORLD. Compiled under the supervision of Dr. John S. Billings, Surgeon U. S. Army, and Dr. Robert Fletcher, M. R. C. S. Eng. Vol. I, No. 9, September, 1879. New York: F. Leyboldt, Nos. 13 and 15 Park Row. Subscription per annum, U. S., post paid, \$3; for Great Britain, 15s.

This most useful publication continues in unabated excellence.

The Louisville Medical News.

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Miscellany.

THE DAWN OF QUIET.—For many years past we have never missed an opportunity of advocating the adoption throughout London of some form of pavement which should have the effect of diminishing the never-ceasing noise which is one of the results of the enormous traffic of this metropolis. There can be no doubt whatever that noise sensibly increases the wear and tear of the body and tends to shorten life. All stimulation of the acoustic nerve stimulates the action of the heart, and an undue frequency or force of the heart's action means an increased demand upon the resources of our bodies. There are good grounds for believing that incessant noise, apart from the fact that it occasionally robs us of our sleep, and in certain states of health drives us into a condition bordering on desperation, tends insensibly to produce fatigue, and thus to exhaust our strength. Our advocacy of quiet

pavements has arisen not from any mere longing for luxury, but from a conviction, based on physiological data, that quiet is as necessary for perfect well-being as is sleep or exercise.

It is encouraging to notice that every month sees an extension of the wooden pavements in the metropolis, and we hope we may infer that the parish authorities are finding the expense of these quiet roads not so great as was at first anticipated. Many of the business parts of the town are now, wholly or in part, paved with wood, Bond Street being one of the last thoroughfares which has been thus partially tranquilized. We hope that a similar indulgence will soon be granted to the professional quarters, and we should advise the occupiers of the medical districts of the parishes of St. Marylebone and St. George's, Hanover Square, to move seriously in the matter.

The long stretches of wood and asphalt paving which now exist will soon make it possible to introduce a lighter and quieter form of public conveyance. Friction being reduced to a minimum, there will no longer be any need for clumsy carriages, designed mainly to resist the rude bumps and strains caused by deep ruts and huge obstructive paving-stones; and we are glad to feel assured that all need for tramways in the town itself will soon have passed away. In a very little time the whole route from the Bank to Notting Hill will be paved with wood or asphalt, and then we may fairly hope that the General Omnibus Company will provide Londoners with some vehicles made of light wood, bamboo and cane work, with india-rubber-bound spider wheels, which might well be drawn by horses unencumbered by huge iron shoes, which cause the animals to fall and to pound the roadway into powder. Example in such matters is better than precept, and we feel sure that to set such an example would be an economical experiment and would prove a great saving in wear and tear and horseflesh.—*London Lancet.*

In Egypt, it appears, boiled cabbage was considered an antidote to alcohol; and Mr. Samuelson, in his *History of Drink*, quotes the following:

"Wife, quick! some cabbage boil of virtuous healing,
That I may rid me of this seedy feeling."

And also the following moral poem:

"Last evening you were drinking deep,
So now your head aches. Go to sleep;
Take some boiled cabbage when you wake,
And there's an end of your headache."

YOUNG DOCTORS.—A young doctor holds an anomalous position. He is naturally fond of pleasure. He likes, as other young professional men like, to enjoy a dance, a dinner-party, a match on the tennis-lawn, or even so unprofessional a pleasure as a good game of cricket; and what is the public to think of a doctor, who ought to be studying gout, amusing himself with dancing, or a physician who gives advice on indigestion being fond of a social dinner-party? And then there is the difficulty about ladies. He *must* marry early if he hopes to do any thing at all at his profession. A wife is as necessary to him as a stethoscope. How can he go philandering in ballrooms at night, and then rise in a dignified way in his consulting-room by day and expect his partners to consult him? People do talk so. A wife is indeed a capital preventive, and a family-man may feel any lady's pulse and count the palpitations of her fluttering heart; but in these days a wife is not only a great but a costly luxury. Our young practitioner may not be able to afford her. He will then be debarred from the most lucrative branch of his profession. All those numerous real ailments, and all those more numerous ideal maladies, that descend upon the female patient are for him (in a practical point of view) a closed book. He may cut off men's legs and make mincemeat of their sartorial muscles; but female delicacy intervenes if he asks a question or is too pressing in the application of a remedy. Like the flying-fish, his enemies are in both elements. A doctor must go into society in order to get on. If he does not, he may have the knowledge of Galen and the industry of Sydenham, but he will remain unknown. Upon the other hand, if he goes into society, scandal is very busy. What does he want in ball-rooms, and is it seemly that he should be passing from sick-rooms into scenes of gayety, vanity, and frivolity? The frequenters of these frivolous scenes ask questions about him, but never think, while holding those views, whether they themselves have any business in such haunts. But it is hard to put old heads on young shoulders. The young doctor should be allowed his feeling, like the young barrister or engineer or merchant. It is not because his profession is one which preëminently relieves suffering and promotes practical good that he is to be debarred from his social pleasures. Gayety has some value even as a tonic, and a hopeful face is sometimes better than physic in a sick-room.—*Mayfair.*

USELESS NOISES.—There are two sources of noise in London which we think might well be summarily dealt with—viz. barrel-organs and church-bells. The former ought assuredly to be permitted only between certain hours, and should not be allowed to grind out their inharmonious tunes at eleven and twelve o'clock at night. Church-bells in the country, when ringing a peal and melowed by distance, are charming enough; but the incessant banging and clanging of one or two bells in a confined space in town is simply distracting to the neighbors. One likes to think of old days, when the parson and clerk watched the shadow of the sundial until it indicated the hour for church, and then began to toll the bell to call their flock to its religious duties; but in the present day a bell is a noisy anachronism, when every steeple has its clock and every adult member of a congregation has a watch in his pocket, besides several clocks at home. A theater has as much or as little need for a bell in the present day as a church.—*Lond. Lancet.*

A NEW HEMOSTATIC, prepared by Carlo Pavesi, has achieved quite a reputation, and consists of sulpho-carbolic acid twenty-five parts, alcohol twenty-five parts, benzoic acid five parts, tannic acid five parts, glycerin twenty-five parts, and rose-water two hundred parts. The sulpho-carbolic acid is prepared by mixing one part sulphuric acid and one half part carbolic acid, and heating for a few minutes on a water-bath. The benzoic acid is dissolved in the alcohol and glycerin, and the tannic acid in the water. The mixture is clear, straw-colored, has an acid taste, is neither caustic nor irritating, and coagulates albumen, milk, and blood.—*American Jour. Pharm.*

ACCIDENT WITH PAQUELIN'S THERMO-CAUTÈRE.—In the *Lyon Médical* of September 21st an account is given in which this instrument was employed for the purpose of cauterization in a case of diseased knee-joint. Ether was used as an anesthetic, and the surgeons present were quite aware that accidents had before occurred from this taking fire. They were therefore on their guard, opening the window of the apartment (about sixty cubic meters in size), and keeping the vessel containing the ether at some distance from the cautery. The anesthetization was tedious, so that one hundred and fifty grams had been employed, and a new bottle was just commenced with, when inflammation of

the vapor in the room took place without any detonation, and the patient and doctors were enveloped in flame. Before this could be extinguished the patient was slightly and one of the doctors severely burned, and the bedclothes were set light to. The patient never awoke, and the operation was terminated notwithstanding the accident.—*Med. Times and Gazette.*

[It is consoling to reflect that if "the patient never awoke," he at least experienced no pain from the burn.]

DRINK.—It is futile for earnest men to lecture to drunkards among the lower classes, so long as the great mass of electors, guided by unscrupulous party leaders, choose publicans to represent them in town councils and promote them to the aldermanic or civic chair. Equally idle is it for clergymen to preach temperance sermons to decorous congregations, while those who are enriched by the results of drunkenness are permitted to hold a higher rank than the parishioner whose calling is innocuous, and even above him whose profession ministers to that health and comfort which are undermined and uprooted by the gin-palace.—*The History of Drink: a Review, Social, Scientific, and Political, by James Samuelson, London.*

[Drunkenness needs to be made odious, as Andrew Johnson said about rebellion.]

FEES.—The great habit of working for nothing in our profession has its disadvantages and affects injuriously the workers. It sprang from the purest benevolence, and has been of the utmost service to the poorer classes of the community; but it has led to dead ingratitude, and lowered the profession in the estimation of the commercial classes, who would weigh the produce of a cultivated brain in coal-scales as they would minerals and metals. It has also led honorable members of our profession to forego their just dues and to rob themselves. It has engendered a refined delicacy with regard to the business of the profession, of which mean advantage has frequently been taken in the minor appointments of the profession.—*Prof. Postgate, of Birmingham, in Medical Times and Gazette.*

FEMALE PHYSICIANS.—We regret to be obliged to announce that at a meeting of the councilors, held on the 1st of October, it was voted to admit women to the Massachusetts State Medical Society.—*Boston Med. and Surg. Jour.*

AWFULLY TALL SCOTCH WRITING.—How many books are read which leave few if any impressions on the mind, because in reading them there has been no resolute endeavor to separate in the way recommended betwixt old and new, betwixt freshness of treatment and mere commonplace! The result is a cloud of chaff obscuring previous acquisitions, instead of an addition, however small, to the grain already garnered. A poor book is as injurious to the mental digestion as a badly-cooked dinner to the bodily. What a healthy sense of freedom is experienced when you turn from a compilation, a *multum in parvo*, with its compression and wooden fare, to the natural, the fresh, the spontaneous aliment provided by some master in the profession, who feeds his friendly readers with the mutton which he has been rearing for many years on his own green pastures!—*Editorial Address to Students, in Edinburgh Medical Journal.*

THE DRUG NOMENCLATURE OF THE UNWASHED.—Among some original specimens the Chemist and Druggist gives the following: "Balocks and Hunney," "parragrack," "holoways," "extract hyoxyemus," "antyburlas pills," "Loddum," "sotne withen" (stone whitening). Another chemist is asked to prescribe for a child "sick and no aple-tight," for another troubled with "a dreadful roaring in his inside;" some one wants "a bottle of scent for diarrhea in his head." Other requirements are "combination soda" (carbonate), "commode for the hair" (pomade), "bitter alic," "assissik assik" (acetic acid), "brucks" (borax), "fires of balsam."

ENGLISH DOCTORS.—In the United States of America a doctor holds at least a respectable social status; in this country, with few exceptions, his position is anomalous, and his wife is a social pariah.—*J. Milner Fothergill, in Philadelphia Medical Times.*

[This is, we are sure, quite too strong.]

LONGEVITY.—Omitting Russia, Turkey, and some other small states, there are about eighteen millions persons in Europe of the age of sixty years and upward. The number should probably be estimated at about twenty millions if those other countries were included.—*Medical Times and Gazette.*

SUICIDES IN FRANCE.—The statistics of suicides in France, just issued, show that nearly six thousand persons committed suicide last year throughout France.

Selections.

The Advantages of Calomel in the Diseases of Childhood.—E. Marlett Boddy, F.R.C.S., F.S.S., in *Medical Press and Circular*:

Calomel, by reason of its purgative properties, frequently causes green evacuations, and so does castor oil when the child is out of health; but this phenomenon of disease ceases the moment the child becomes well. Therefore the green stools are not by any means produced by the calomel, but are caused by some morbid action going on in the intestines. When the child is ill the mother will almost invariably tell you that the evacuations are green and slimy. This assertion of the parent alone proves that calomel, when given, is not the originator of green stools, but that they are produced by some morbid influence. I think the color is very probably caused by an over-secretion of bile, which will to a certainty show itself independently of the calomel.

As there is no fear of mercurialization arising from calomel, as it promotes the elimination of the over-secretion of bile, and as it restores the intestinal canal to its ordinary healthy tone, it is, without doubt, the best purgative we can possibly administer in all diseases appertaining to infancy, ignoring to a certain extent those of a congenital nature. Mercurialization can only occur when the drug is allowed to remain and accumulate in the system; and to accomplish this the best method is to follow the general rule, viz. the administration of the hydrargyrum cum creta; by so doing we shall be decidedly successful. But as this result is not desired we shall be able to prevent such an untoward complication by administering calomel by itself or combined with a small amount of sugar. This addition is not at all necessary; in fact, I do not understand what advantage can be gained by combining the two. Calomel, I think, is quite as efficacious without sugar; therefore it can be well dispensed with.

Regarding a very recent sage discovery made by a certain *savant*, that by giving to an infant calomel and sugar we may very likely poison it through the formation of corrosive sublimate while the compound remains in the stomach, though chemically true, yet I must say it almost verges on puerility. No case of poisoning has, I believe, occurred through the combination of calomel and sugar, and I dare say never will. I think we may consider it as bordering on the absurd until a *bona fide* case of poisoning resulting from the administration of calomel and sugar is brought before the profession and thoroughly substantiated as such. The discovery is ingenious, to say the least of it; but it is of no practical utility when one considers it in the abstract. However, it is not for this chemical change in the stomach that I am advocating the non-administration of calomel and sugar, but because I do not see what can be possibly gained from the combination of the two. In such matters we can only judge correctly by the relative value of the results obtained; and if calomel produces that which is to be desired by its own inherent qualities (which are not in the least enhanced or diminished by the sugar), then in all cases, I say, of infantile disease we may with safety and advantage administer it by itself. In dropsy, one of the sequelæ of scarlet fever, some compound jalap powder may be combined with it with advantage, though I have found that calomel alone is equally as efficacious, even supposing that there is albuminous urine. Cal-

omel may also be combined with santonin in cases of worms; but of this anon.

We have now ascertained conclusively, I think, that it is highly injudicious to give infants hydrargyrum cum creta, owing to one ingredient stultifying, we may say, the action of the other, and that it may be left to discretion whether any gain may result from combining calomel with sugar; it now remains for us to determine how we may promote its action to a greater degree, and thereby accelerate a speedier return to health.

To obtain this end satisfactorily, I always make it an invariable rule to administer the calomel at night, and the next morning to follow it up with some castor oil, which practice has always resulted by my expectations being realized. Sometimes, on account of the stubbornness of the bowels, owing to neglect, calomel is comparatively powerless as regards its purgative qualities; but it never fails when followed by the castor oil, which seems to stimulate it to fresh exertions, and entirely prevents, in children as well as in adults, the much-dreaded mercurialization.

This mode of treatment is, as the reader may perceive, remarkably simple, and consequently by some may be impugned as being too much so; but simplicity, to my mind, is or should be the goal of all things. Complexity and abstruseness show undeniable and unmistakable ingenuity and tact, and great praise is due to those who can obtain the desired end through the media of such channels; but the great fundamental in the treatment of disease is simplicity, which, if carried out successfully, is the acme of medical science and the perfection of medical skill.

Some seem to have a grudge and a determined ill will toward calomel; no words and terms are too strong for them to use when they denounce it; in fact, they abuse it with a hearty good will; and many, I know, would prefer giving no medicine at all than be under the necessity of administering it. Some are truly fearful and altogether refrain from using it, because so and so may happen; but what catastrophe one can not without great difficulty elicit from them; and, supposing we are successful in our endeavors, we find their objections and reasons very vague and unsatisfactory. Some will honestly tell you that to a certainty mercurialization will occur, and that is the sole reason why they do not use it.

Assuming, for the sake of argument, the correctness of their objections, I do not see why such a result should necessarily occur if it be given with care. If a man chooses to cut his throat with a razor there is no reason why I should follow his example, for I may use the very same implement for other purposes. If a man chooses to poison himself with opium the same drug given by me may save another man's life. So it is with calomel; if a man administers it carelessly and injudiciously evil consequences may result; but I may give the very same drug, and good results will ensue.

This dislike to calomel is sheer prejudice, and in many instances approaches the whimsical. I remember being told by a great enemy to calomel that it should never be given save to a plowman, and then only very gingerly. "Colocynth and hyoscyamus," said he, "for a lady, colocynth and jalap for a gentleman, but colocynth and calomel for a plowman." This absurd injunction, I need hardly say, I very soon found to be the quintessence of erroneous treatment; besides, it was entirely antagonistic to all common sense; for the intestines of a "plowman" have not as yet been discovered to be dissimilar to the in-

testines of a "lady" or "gentleman." Perhaps when he made the above remark he was under the impression that there did exist a dissimilarity, and, being of that opinion, considered that a different course of treatment was necessary to meet the various peculiarities of the several intestines.

This digression serves to show what a groundless, illogical abhorrence some have to calomel, for no reason at all except that something prejudicial to the patient may possibly occur, but of what nature they are entirely undetermined upon, unless it be mercurialization, which is the only objection its opponents can reasonably urge against its administration.

In what diseases or morbid conditions of infancy is calomel indicated, and how should it be administered, whether alone or in combination? Infantile diseases are few in number when compared with those which attack the adult, for the following very cogent reasons: The constitution of an infant or child has not gone through the wear and tear of life; the lungs have not yet been irritated through inhalation of infinitesimal carboniferous matter; the digestive powers have not yet been impaired through the ingestion of indigestible food; nor have the coats of the stomach been injured by the destructive properties of alcohol, which is regarded by a great majority as a necessary staple of nourishment, and neither is the liver disorganized by habitual drinking.

The most prevalent of all infantile diseases are convulsions, proceeding from either intestinal or cerebral irritation or from dentition. Those arising from intestinal irritation are sometimes induced primarily from dentition, and in many instances one state is co-existent with the other; and the same may be said regarding those convulsive attacks which owe their origin to cerebral irritation, though the latter condition may exist singly and alone; in other words, we may find one state complicated with the other.

There are two kinds of intestinal irritation—that proceeding from fecal contents and that resulting from the presence of worms (which generally belong to the round variety, though sometimes the thread-worms are also provocative of convulsions, but they are not of so severe a nature, and they are more common among children averaging from two years and upward, but rarely found among infants at the breast). Those convulsions proceeding from irritation produced by the accumulation of fecal matter are easily cured if treated correctly, but are simply aggravated if treated in the usual style, *i. e.* two or three grains of the hydrargyrum cum creta administered three or four times during the day.

All that these infants require is a calomel powder at bedtime, followed the next morning by some castor oil, which must be continued till the alvine excreta resume their normal appearance, which is too well known—at least I hope so—to my readers to need specifying. However, as it is the generally-received opinion of the profession that calomel produces green stools, irrespective of the condition of the patient, I do not think I shall be erring on the wrong side when I tell them that when an infant is in health the ejecta are as yellow as mustard, whether it is administered or otherwise.

When the convulsive attacks proceed from the presence of worms santonin should be combined with the calomel, and should always be given at night-time, to be followed the next morning by some castor oil. This course should be perseveringly persisted in till the motions are natural, which will very soon occur after the expulsion of the parasites. There is not the

slightest fear of mercurialization, nor will the santonin cause retention of urine, and neither will the convulsive attacks be increased, for the very reason that the santonin has not sufficient time to resolve itself into xanthopsin, on account of its being eliminated by the castor oil.

If the convulsions proceed from the irritation produced by the oxyuris vermicularis, or the ascaris vermicularis, commonly known as the thread worm, the best treatment to pursue after the motions have become normal (which will by no means take place till the worms have been expelled) is to inject some infusion of quassia or salt and water into the rectum. This is comparatively useless if the administration of calomel and its adjunct (if I may so term castor oil) is omitted; for though those minute parasites are supposed to infect the rectum only, they would no doubt be found, though perhaps fewer in number, in the sigmoid flexure and descending colon, if they were searched for on a favorable opportunity, which could only be in a post-mortem.

Depending simply upon an injection in those cases is really not of much benefit; if I may be allowed to make a comparison, it is like clearing out the lower part of a drain-pipe and leaving the upper portion foul and impure.

I have already mentioned the treatment which should be followed out during teething, and I think I have clearly demonstrated the disadvantages accruing from the administration of the hydrargyrum cum creta and the advantages resulting from calomel, and the remarks I have made regarding them will also apply to nearly all the diseases which are prevalent in infancy.

I shall now pass on to consider those other complaints in which the administration of calomel is advisable. The most common after convulsions is diarrhea—a medical bugbear which, when once it commences, frightens the mother and causes the medical man to resort immediately to a very silly mode of practice, but which at the present day is regarded as a very scientific procedure; and the antidote (presumed to be such) is to be found in the British Pharmacopoeia, and accordingly it is given with great faith when diarrhea shows its hideous presence, in the vain hope of—stopping it.

What is diarrhea? and what causes it? and why should we be in such consternation when it occurs? We will examine and answer these questions from a practical common-sense point of view.

First. What is diarrhea? The answer is simple, and not at all difficult of comprehension. It is the endeavor of nature to get rid of an evil, and the evil is nothing more nor less than a collection of fecal matter in the intestinal canal. In the majority of cases what else can it be? If the coats, especially the muscular, of the intestines are weakened to any extent in an infant there are very few chances of its ultimate recovery, because the weakness depends upon some organic mischief, which is not to be remedied by human means. Now if the diarrhea originates from such a condition all the chalk mixture in the world will not stop it; and most probably if the administration is too often repeated the child rather succumbs to the pernicious effects of the astringent than to the diarrhea. Here in these cases, by-the-by, we administer chalk to stop the action of the bowels, and in other cases we combine chalk and mercury to open them—contradictory, there is no denying; but then it is accounted correct treatment.

Second. What causes diarrhea? The contents of

the intestinal canal and the efforts they make to get out—nothing else. They have done their duty; all nutriment has been extracted from them; they are therefore useless, and nothing else than an incubrance, and consequently the sooner they are ejected the better. Nature is of the same opinion, and accordingly sets to work, and would perform her duty alone and single-handed were the fecal contents in their usual amount and normal condition; but it is not so; the infant no doubt has been previously stuffed or rather overfed by a too anxious parent. The intestinal canal is too full, and as a natural consequence diarrhea results, which is the strenuous efforts of nature to rid herself of an irritating load, which we scientifically endeavor to prevent by the prompt administration of an astringent in the shape of chalk-mixture. In these cases nature requires the helping hand to lift her over the difficulty, not to be thwarted or antagonized by the administration of drugs of an astringent tendency. Such treatment is not only outrageous, but discreditable to medical science; and I regard it as such, however strongly and indeed cleverly it may be advocated by those who are thought more competent to decide than others; for the arguments they advance with such plausibility are entirely based upon theoretical knowledge (or practical ignorance) rather than upon sound principles of practice and careful investigation into the varied phenomena of health and disease. I am afraid that we regard the human organism as a piece of workmanship much more complex in its design and working than it really is; and again, that we too frequently run our heads against the idea that we can mold it just as we please, forgetting that nature is, on the average, able to conduct her own proceedings to a favorable termination without the aid of science, but is hindered and perhaps completely impeded by our somewhat too great a hastiness to adopt the so-called scientific treatment of the present day, and which, in infantile diarrhea, is more hurtful than otherwise.

One question now remains for our consideration. Why should we look upon the presence of diarrhea with the eye of suspicion and apprehension? and why should we regard the efforts of nature to relieve herself as indicative of danger? I think we can easily account for our groundless fears from the fact that we clothe simple diarrhea in so many technicalities that many who are either too indifferent or too ready to take for granted the opinions of others neglect investigating and probing to the bottom the origin of a condition which is quite the reverse of what we imagine to be prejudicial to health.

Certain Effects of Starvation on Vegetable and Animal Tissues.—D. D. Cunningham, M. B., Special Assistant to the Sanitary Commissioner with the Government of India, in his work on this subject, says that the experiments upon vegetable organisms were conducted on plants belonging to the mucorine order of fungi, and consisted in cultivating them, or endeavoring to cultivate them in distilled water. A fatty change and ultimate disintegration of the protoplasm seem to have been the general results of insufficient nutrition when applied to the fungi experimented upon. The experiments upon animals were made on tadpoles. The chief phenomenon noticed after keeping them in distilled water for different periods seems to have been a desquamation and fatty degeneration of the epithelium of the intestinal canal. There was also noticed at the same time the usual wasting in the other organs.—*Edin. Med. Jour.*

Opium-Smoking.—The Chemist and Druggist gives the following account of an experiment in opium-smoking made by Dr. Mielucho Maclay upon himself during his stay in Hong Kong: The experiment was made at the Chinese Club, where every convenience for smoking opium is to be found. Dr. Clouth, of Hong Kong, took the necessary observations, and his notes are recorded below. These may be summarized as follows: Herr Maclay was in normal health, and had fasted eighteen hours before commencing the experiment. He had never smoked tobacco. Twenty-seven pipes, equivalent to one hundred and seven grains of opium used by the Chinese, were smoked in two and three quarter hours, at tolerably regular intervals. The third removed the feeling of hunger caused by his long fast, and his pulse rose from seventy-two to eighty. The fourth and fifth caused slight heaviness and desire for sleep, but there was no hesitation in giving correct answers, though he could not guide himself about the room. After the seventh pipe the pulse fell to seventy. The twelfth pipe was followed by singing in the ears, and after the thirteenth he laughed heartily, though without any cause that he can remember. Questions asked at this time were answered only after a pause, and not always correctly. He had for some time ceased to be conscious of his actions. After the twenty-fifth pipe questions asked in a loud tone were not answered. After the last pipe had been smoked he remarked, "I do not hear well." Forty minutes later there was a slight return of consciousness, and he said: "I am quite bewildered. May I smoke some more? Is the man with the pipe gone already?" Fifteen minutes later (4:55 P. M.) he was able to go home, and then retired to bed. He woke the next morning at 3 A. M., and made a hearty meal, after his fast of thirty-three hours. During the next day he felt as if he had bees in a great hollow in his head, as well as a slight headache. The organs of locomotion were first affected, next came sight and hearing, but Herr Maclay is very positive that there were no dreams, hallucinations, or visions of any sort whatever.—*Edinburgh Medical Journal*.

The Summer of 1879.—During the three months of June, July, and August the mean temperature of the air at the Royal Observatory, Greenwich, was 58.3°, and was 1.9° below the average for the corresponding period in one hundred years. The recorded hours of bright sunshine during the three months were only 380.3 out of 1440.4 during which the sun was above the horizon. Unpleasant as have been the meteorological conditions of the past summer, they have been remarkably favorable to public health, and the English rate of mortality has been lower than that recorded in any three months since the establishment of civil registration in 1837.—*London Lancet*.

The Plague.—The plague is a pestilential fever closely allied to, if not identical with, the most malignant forms of typhus fever, its chief symptoms being a febrile state accompanied by great prostration; pain in the limbs, vomiting of vitiated bile or blood, much distress; delirium, insomnia, and coma; often bubonic swellings of the lymphatic glands, and carbuncles, both of which are considered pathognomonic of the disease; and a dark-colored rash portending death.

Plague is one of those zymotic diseases whose origin is still unknown, though recent observers incline to the theory that they are produced by disease-

germs or minute organisms generated under certain conditions, and which enter the blood and give rise to a succession of well-defined morbid phenomena. The ancients, while not ignoring the noxious influence of unhealthy exhalations from the soil, lay much weight on unknown changes in the atmosphere produced by meteorological causes. This view of the case is entitled to the serious consideration of students of meteorology in its relations to health and disease.

It is highly contagious, and its quality of communicability from contaminated bodies and clothes to persons in sound health, and of traveling by means of caravans and ships from infected to healthy spots, is beyond doubt. Its contagiousness is so great that it seems as if it attacked only persons who are exposed to direct infection. Thus persons who "shut themselves up" in the midst of the raging pestilence enjoy a remarkable degree of immunity from taking the disease.

Low, damp, ill-ventilated habitations, poverty, filth, and misery are the most favorable conditions for the propagation and ravages of plague.—*Dr. Wortabet, in Edinburgh Med. Jour.*

A Method for Controlling Hemorrhage during Amputation at the Hip-joint.—The following might be found useful as a method for controlling hemorrhage during operation at the hip-joint. It was lately employed by Mr. Spence with complete success. Mr. Spence, though unwilling to perform any operation owing to the patient's condition, yet, considering it was his only chance for life, resolved to amputate, using the following method: The sinuses which were at the outer side of the limb were connected by an incision. The head of the femur was cut down upon, and with difficulty, owing to the ankylosis which had taken place, was excised. The thigh was then transfixed by a long sharp-pointed steel skewer, three eighths of an inch in breadth, the point entering at the incision which had just been made, and then taking the course which the knife usually takes in transfixion for the anterior flap. A firm india-rubber band was then twisted tightly round the skewer, including the anterior part of the thigh, much after the method in which vessels are secured by acupressure. Another band was twisted round posteriorly, thus securing the posterior vessels. The operation was then completed by cutting the anterior and posterior flaps. After the vessels were secured the bands were loosened, the skewer removed, and the flaps stitched and dressed. During the excision a small quantity of blood was lost, but during the after-part of the operation hardly a drop.—*R. Purdie, M. B., C. M., Edinburgh Royal Infirmary, in London Lancet*.

Embryos in the Blood.—So far as we at present know, it would seem that the presence of embryos in the blood, no matter how numerous, exercise no marked deleterious effect upon the organism.—*The Microscopic Organisms found in the Blood of Man and Animals, and their Relation to Disease, by Timothy Richards Lewis, M. B., Special Assistant to the Sanitary Commissioner with the Government in India, 1879.*

Elephantiasis Arabum.—Malaria and bad water are causes of this disease, according to Surgeon-major Black, in *Edinburgh Med. Journal*. The great Erasmus Wilson believes the true leprosy is of malarial origin.

Hypodermic Injections of Fowler's Solution in Chorea.—Dr. L. Péroud, Professor of Diseases of Children to the Faculty of Medicine of Lyons, has employed hypodermic injections of arsenic in chorea since 1875. M. Henri Garin describes in his thesis (*Thèse de Lyon*) results obtained in thirty-three cases of chorea in children at the Charité Hospital. In the method followed by M. Péroud usually four or five drops of pure Fowler's solution are injected into the cellular tissue by means of a Pravaz's syringe. An injection is made every day; sometimes every second or third day. The region preferred for injection is some part where there is loose cellular tissue and few nervous filaments. It is sometimes preferable to inject at the level of muscles most affected. The cases related occurred in female children from the age of four and a half to fourteen and a half. Among them were recent, old, and relapsed cases; cases of rheumatic, of paralytic, and of cerebral chorea. M. Garin's reason for preferring subcutaneous injections are these: first, they do not give rise to gastric disturbance; second, the curative effect is generally more rapidly obtained; third, only very small doses administered every two or three days are needed. Subcutaneous injections cause little trouble in children; they give rise to no local irritation, although sometimes, when the organism has become saturated, slight indurations occur at the punctures. Sometimes intolerance of arsenic is met with; but this is rare, especially in children, who take it very well. Under the influence of hypodermic arsenical medication rapid amelioration is the rule. At the same time that the chorea advances to cure, the children become fat, the weight of the body progressively increases, and the amount of solid matter excreted by the kidney diminishes. Under the influences of arsenical injections sixteen cases of chorea ended in recovery, after an average of thirty-two days' treatment and about eighteen hypodermic injections. In these sixteen cases the treatment was purely arsenical. Of thirteen other cases of chorea submitted to injections of arsenic, and also to various other remedies, ten recovered; but a longer time was necessary. These thirteen were, moreover, almost all old or relapsed cases. Hence it may be concluded that arsenic has more chances of cure in recent and simple cases than in old and inveterate cases. This is contrary to the assertions of Aran and Ziemssen.—*British Medical Journal*.

Anthrax Intestinalis.—At a meeting of the German Medical Society in St. Petersburg (*St. Petersburg Med. Wochens*) the following case was reported by Dr. Kade: A girl aged seventeen, a seamstress, presented the following symptoms when received into the hospital. Her skin was livid; she was very restless and threw herself about; the heart-sounds were very loud; the throat and lower jaw were edematous; the glands could be felt only with difficulty both here and in the groin; the abdomen was meteoric and painful; the bladder empty. On being spoken to in a loud voice she answered slowly and sensibly. There was an excoriated patch on her forehead and a similar one on the inner condyle of the right femur, where the patient said she had had a pustule before. She had been taken ill three days ago with dysphagia, for which she had taken a dose of castor oil. On the second and third days she had felt comparatively well. On entering the hospital she vomited once, and died three hours later. At the post-mortem examination the subcutaneous cellular tissue in the abdominal walls was found to be hemorrhagically infiltrated;

the abdominal cavity contained a serous liquid. The mesenteric and inguinal glands also presented a bloody infiltration. The whole of the intestinal tract was injected. In the duodenum several semi-globular swellings were found, which became fewer in number in the small intestine, and disappeared in the large intestine. The spleen was soft, little enlarged; the liver was not enlarged, and was soft. Punctiform extravasations were found in the pelvis of one of the kidneys. Several bloody pustules, partly degenerated, were found on the aryepiglottic ligaments. In the apex of the right lung was a fresh infarct of the size of a walnut. The longitudinal sinus of the dura mater was filled with fluid blood. Minute extravasations of blood were on the external lamella of the sinus. The blood itself contained numerous bacteria.—*British Medical Journal*.

Workhouse Hospital Statistics on the Alcohol Question.—St. George's Union Infirmary, London, has lately obtained an enviable prominence in the great question regarding the administration of alcohol in workhouses. Dr. Webster has come in for his share of congratulations on his conversion to the temperance side; and lest any of our readers should not have heard of Dr. Webster's reports, we shall briefly mention what he has done. He has issued a report in which he states that in the St. George's Union Infirmary he has, at the request of the guardians, carried out his intention of limiting the consumption of alcohol in the Infirmary. He has brought down the expenditure for stimulants for one year to £8. He mentions "one or two facts" of a very extraordinary nature. He says: "Prior to their removal to St. George's Infirmary more than thirty old women had been bed-ridden for various spaces of time ranging from one to seventeen years. They had all been supplied daily with either brandy or beer, or both. The whole are now able to leave their beds; many are able to walk about; some to work. Appetites have been developed for solid material, and an interest is once more taken in the surroundings. I am compelled to ascribe this amelioration of condition to the altered moral state, greater physical energy, and improved food assimilation brought about by the withdrawal of alcohol."

Every teetotaler must have read these lines with heartfelt satisfaction, for seemingly nothing could be more convincing or more truthful; and we have no doubt most of the guardians considered that the question was solved by this authoritative and strong statement of their medical officer. Unfortunately there is a fly in the ointment, and there is another side to the question.—*Medical Press and Circular*.

[In a late number of the *British Medical Journal* Dr. Orme Dudfield denies and disproves Dr. Webster's report *in toto*; and it seems that Dr. W.'s report was founded upon guesswork, imagination, and old women's gabble.]

Case of Poisoning by Soda Salicylate.—This was the case of a lady who had taken sixty grains in six hours (twenty grains every three hours). The symptoms were as follows: First, attacks of unconsciousness for the first fifteen minutes, each attack lasting three minutes. Second, after attacks of delirium for three hours, each attack being about twenty minutes in duration; perfectly lucid intervals of a few minutes each. A pulse of 120, very feeble. Temperature reduced from 102° to 99°.—*J. Kendall Burt, M. B. and C. M. (Kendal), in British Med. Journal*.

Stammering.—M. Chervin, of Paris, read at the International Congress of Medical Science, Amsterdam, a paper on Stammering. This disturbance of speech is generally ascribed to a spasm of the muscular apparatus that aids in the articulation of sounds. This theory, which is essentially false, has led surgeons to perform many unfortunate and useless operations (section of the tongue or of certain of its muscles, of the hyoglossus, extirpation of the tonsils, the uvula, etc.). M. Chervin thinks that stammering is caused simply by a disturbance in the coordination of the movements that are necessary to emit an articulated sound. This explains how it is that this disturbance of speech is frequently of an intermittent type, and why, under the influence of a methodical treatment, which is in reality only a series of gymnastic exercises that are practiced by the apparatus which helps to form articulate sounds, it is possible to cure this affection in a very short time. The author has gathered from statistics that, from 1850 to 1869, 13,215 young men in France were exempted from serving in the army because of stammering. Great discretion must, however, be exercised in delivering certificates upon the subject, as stammering is very easily counterfeited. In general, fright and emotion play a great part in the etiology of the affection. It occurs more frequently in the male sex than in the female, which the author attributes to the fact that young girls are less exposed to violent emotions. The treatment lasts about three weeks. During the first week the patient has to go through methodical exercises of reading and recitation for a certain number of hours daily; for the remainder of the time he must be perfectly silent and isolated from his friends. In the second week he is allowed to speak to his attendants or friends, but must speak very slowly and pronounce each syllable distinctly. In the third week the patient may converse freely, but must still speak very slowly.—*British Medical Journal*.

The Fat Secreted by the Liver.—According to Dr. Neumann, the liver furnishes a variety of fat which is distinguished from others by the rapidity with which it oxidizes to serve for nutritive purposes. This fat, like glycogenic substances, is the result of the transformation of albuminoids. The production of fat in the liver is comparable to that which occurs in the mammary gland, and is a true secretion. Its activity is in an inverse ratio to the oxidations which take place in the organism. Every thing which tends to limit these oxidations promotes the production of fat in the liver (pulmonary lesions, debilitating influences, anemia, and cachexia). In such cases the liver at last becomes infiltrated with fat—a condition which is physiological in animals in which the respiratory functions are languid (fishes). When, under the influence of debilitating causes, the wants of the organism increase to a high degree, the liver does not suffice for these excessive demands; the fat-forming function becomes paralyzed. The albuminoid matters, undergoing metamorphosis in the liver, no longer produce fat, but a substance less adapted for combustion—amyloid substance—is formed. It is true that amyloid degeneration of other organs may precede that of the liver, but this is due to the fact that the diseased liver pours into the circulation the morbid products, which then infiltrate the tissues with which they come in contact, and especially the parietes of the smaller vessels.—*Deut. Arch. für klin. Med., and Gior. Intern. delle Sci. Med., Nos. 3 and 4, 1879; G. R. C., in New York Medical Journal*.

Therapeutic Uses of Boracic Acid.—E. Kurz, of Florence, writes (*Memorabilien*) that he has used an ointment of five parts of boracic acid and ten or fifteen of vaseline with much success in several cases of eczema of the face and limbs. One case of eczema squamosum, which had lasted five months, was cured in three weeks. In the case of a child whose whole head was affected with impetigo, the application of boracic acid after the removal of the scales produced a remarkably speedy cure. Two cases of prurigo which had for a year resisted all other treatment were cured in one and two months respectively by the application of the boracic acid ointment twice a day. The same treatment was successful in a case of non-syphilitic psoriasis of three years' standing, in which carbolic acid and arsenic had failed. In a case of exfoliative lupus of the nose the use of boracic acid for a month had no effect; salicylic acid produced slight improvement. In two cases of severe gonorrhea injections of a solution of boracic acid (one in one hundred of water) almost completely arrested the discharge; a scanty secretion of mucus, which continued for a time, was cured by the use of subnitrate of bismuth.—*British Medical Journal*.

Sulphur as a Topical Application in Diphtheria.—Sulphur precipitatum (milk of sulphur) used as a topical application has been very useful in my practice in seven cases of diphtheria, either blown on through a quill or stirred up with water and swabbed on. It causes almost immediately after application blackening of the membrane and detachment of it. To show its rapidity of action, six of these cases only required an average of 2.6 visits. In opposition to the views of Dr. Oertel in his Report on the Epidemic of Diphtheria in the Royal Household of Darmstadt, and of Dr. Braithwaite, of Leeds, in his last Retrospect (January to June, 1879), and the Reporter in the Medical Record of June 15th (the two latter criticising my first notice of the subject in the Practitioner of April, 1879), I am of opinion that the action of sulphur in this disease is a specific action, not a mere "scouring powder" (Dr. Oertel), nor that its action is principally by friction. I use no friction. I have found the application of carbolic acid, sulphurous acid, and solution of muriate of iron, in equal parts, a pretty sure remedy locally applied, but deleterious from making fresh abrasions a fitting field for the growth of new membranes. The use of strong caustics is to be strongly deprecated. The sulphur treatment is easily used, and is not at all disagreeable to the patient.—*J. A. E. Stuart, in Brit. Med. Jour.*

A Unique Specimen.—Mr. Joseph Bell related, before the Medico-Chirurgical Society of Edinburgh, the case of a girl, aged fourteen, who three months before was supposed to have had a fracture near the wrist-joint. Pronation and supination perfect, but flexion was very painful. She had fallen in the way Colles's fracture is brought about. No distortion, no lateral displacement, only a feeling of projection. The fingers moved only by their intrinsic muscles. The hardness was so localized that he made an incision over it, and pulled out the inch of knitting-needle he now showed them. No one had even suspected its presence.—*Edinburgh Med. Jour.*

Treatment of Puerperal Septicemia.—Dr. A. Baird, of Scotland, recommends Warburg's tincture in puerperal septicemia.

[Quinia is less nauseous and better.]